	04754	DATENT ADDI (DATION) CEE DESCRIPTION							Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION REC									10	/7	708	722
CLAIMS AS FILED - PART I							SMA	LL F	NTITY	<del></del>	OTUS	D 711441
<u></u>	OTAL CLAIM	15	(Colu	(Column 1) (Column 2)			TYP			Of		ER THAN LENTITY
-	<del></del>						R.	ATE	FEE		RATE	FEE
F	OR ·		NUMBI	NUMBER FILED		MBER EXTRA	BASIC F		E 385.0	OF	BASIC FE	E 770.00
T	OTAL CHARG	EABLE CLAIMS	17	/7 minus 20=			X\$ 9=			OF	2/0.10	
IN	DEPENDENT	CLAIMS	1.2	minus 3 =	*	-	X43=				1	
M	ULTIPLE DEPI	ENDENT CLAIM	PRESENT		↓— <u></u>			<del></del>		OF	X86=	
+ 1	f the difference	ce in column 1 i	s less than	less than zero, enter "0" in column 2			+14	45=		OF	+290=	
·						i column-2	TO	TAL		OF	TOTAL	7700
	1	CLAIMS AS					0.4	•				R THAN
<u> </u>		(Column 1) CLAIMS	·	(Column 2) (Colum			SM.	ALLI	ENTITY	OR	SMALL	ENTITY
		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONAL
3		AMENDMENT		PAID F		CA,TTA	-		FEE			FEE
AMEROMENI	Total	*	Minus	##	<u> </u>	=	XS	9=		OR	X\$18=	
ž			Minus			=	X4:	}=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						. 14	_		1		<u> </u>
			•				+14:	TAL		OR	+290=	
						•	ADDIT.			OR	TOTAL ADDIT. FEE	
$\Box$	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									7 1	P	<del></del>
?		REMAINING AFTER	·	NUMBE PREVIOU		PRESENT EXTRA	RAT		ADDI- TONAL		RATE	ADDI-
	·	AMENDMENT		PAID FO		LX1 NA			FEE		MAIE	TIONAL FEE
<u> </u>	Total	*	Minus	##		=	X\$ 9	=		OR	X\$18=	
: ]	Independent	*	Minus	***		=	X43	=		OR	X86=	
	rino i Priese	NTATION OF MI	JUITPLE DE	PENDENT C	LAIM							·
				•			+145			OR	+290=	•
							ADDIT, F			OR A	TOTAL UDIT. FEE	
7		(Column 1) CLAIMS	T	(Column		(Column 3)						
7	•	REMAINING		HIGHES NUMBE	R .p	PRESENT			ADDI- ·			ADDI-
		. AFTER AMENDMENT	•	PREVIOUS PAID FO		EXTRA	RATE.		IONAL FEE		RATE	TIONAL
	Total -	*	Minus	**		=	X\$ 9=				X\$18=	`FEE
	ndependent	•	Minus	***		=				OR		
F	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'X43=	_ _		OR	X86=	
										OR	+290=	
n t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									DR DR	TOTAL	
H (	me unduest whu	nber Previously Paid ber Previously Paid	is for in this	S SPACE is les	ss than	3 enter "3"	ADDIT. FE		•	AL	DOIT. FEE L	
			<b>↓</b>	- to choulderill	ure 1	gavaa nombei 10	WIN HI DIE	ahhiol	male oux	MI COMU	un 1.	